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Substitute for Form PTO-875

Application of Docket Number

90/77977

(Column 1)	(Column 2)
1	2
3	4
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95	96
97	98
99	100

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 *	*
INDEPENDENT CLAIMS (37 CFR 1.10(d))	minus 3 *	*
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.10(d))

* If the difference in column 1 is less than zero, enter "0" in column 2

OR OTHER THAN
SMALL ENTITY

RATE	FEE
\$ 1.00	
\$ 1.00	
\$ 1.00	
TOTAL	

509

OK

(11)

Old

OK

RATE	FEE
	1
A 1	
P 1	
4 1	
TOTAL	

(Column 1)	(Column 2)	(Column 3)
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358	359	360
361	362	363
364	365	366
3		

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
4/6/05			
Total (31 CFR 101.11)	29	Minus	21
Independent (31 CFR 101.11)	3	Minus	3
TOTAL ESTIMATION OF MULTIPLE DEPENDENT CLAIMS (31 CFR 101.11)			

OTHER THAN
SMALL ENTITY

DATE	ADDITIONAL FEE
25	
100	
180	
TOTAL ADDL FEE	

OR

OR

On

(312)

RATE	ADDITIONAL FEE
1. \$50	
2. \$200	
3. \$360	
TOTAL ADD'L FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT FEE
Total of Claims			None	0	0
Independent of Claims			None	0	0

FOR THE PURPOSE OF DETERMINING INDEPENDENT CLAIMS, THE FOLLOWING

RATE	ADD: TION; FEE
\$ _____	
\$ _____	
\$ _____	
TOTAL	ADD. FEE

405

400.

• •

1992

$\hat{R}(t)$	ADD: TODAY: FEE
* \$ _____ :	
* \$ _____ :	
* \$ _____ :	
TOTAL: ADD FEE	

AMENDMENT	CLASS REMARKS DATE AMOUNT	DATE	RECEIPT NUMBER OR VOUCHER NUMBER	REMARKS

FOR THE SIGNATURE OF BENEFITARY OR BENEFITARY'S CLAIMANT

NAME	ADDRESS
1	
2	
3	
4	
10141	ADDRESS

...

• 17 •

Fig.

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RATE	4000 10000 100
1 1/2	
1 5/8	
2 3/8	
TOTAL ADJUSTED	

1. The number of α -particles is less than the number of β -particles, i.e., $n_{\alpha} < n_{\beta}$.

[illegible]